



# State of New Hampshire

## 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/21/2014

Business ID: 22241

William M. Gardner

Secretary of State

WORKPLACE SYSTEMS, INC.

562 MAMMOTH ROAD  
LONDONDERRY, NH 03053

### ADDRESS OF PRINCIPAL OFFICE:

562 MAMMOTH ROAD  
LONDONDERRY, NH 03053

### REGISTERED AGENT AND OFFICE:

COOK, JAMES G, ESQ  
COOK LITTLE ROSENBLATT MANSON, 1000 ELM S  
MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION

BUSINESS ID: 22241

STATE OF DOMICILE: NEW HAMPSHIRE

MANUFACTURING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

TREAS. Anne J. Oreilly  
STREET 562 Mammoth Road  
CITY/STATE/ZIP Londonderry Nh 03053  
PRES. Louise L. Lanctot  
STREET 562 Mammoth Road  
CITY/STATE/ZIP Londonderry NH 03053  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Anne J. Oreilly  
STREET 562 Mammoth Road  
CITY/STATE/ZIP Londonderry Nh 03053  
DIR. Louise L. Lanctot  
STREET 562 Mammoth Road  
CITY/STATE/ZIP Londonderry NH 03053  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Anne J. Oreilly

Please print name and title of signer:

Anne J. Oreilly

/

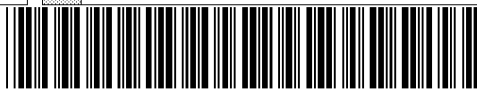
TREASURER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



2224120141009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301